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7590

08/15/2005

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Patricia Andrews	(Depositor's name)
<i>Patricia Andrews</i>	(Signature)
Nov. 9, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/094,921	06/15/1998	HORST LINDHOFFER	80309	9008

TITLE OF INVENTION: METHOD FOR EX VIVO IMMUNIZATION USING HETEROLOGOUS INTACT BISPECIFIC AND/OR TRISPECIFIC ANTIBODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS	11/15/2005 MBELETE2 00000038 201430 09094921
HOLLERAN, ANNE L	1643	424-136100	01 FC:2501 700.00 DA 02 FC:1504 300.00 DA 03 FC:8001 30.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Townsend and Townsend
 and Crew LLP
 2.
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GSF-Forschungszentrum für Umwelt und Gesundheit GmbH Oberschleißheim, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 10☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

Chuan Gao

Registration No.

54,111

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